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SAN DIEGO, C							
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				January 2	1, 2	010	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	DR.	ATTC	PRNEY DOCKET NO.	CONFIRMATION NO.
10/661,471	10/661,471 09/12/2003		Robert E. W. Hancock		UBC1180-2		7167
TITLE OF INVENTION	: EFFECTORS OF INN	ATE IMMUNITY DETE	RMINATION	_			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$0		01/25/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
AUDET, MAURY A		1654	514-002000				
Address form PTO/SI	ondence address (or Cha B/122) attached. ication (or "Fee Address 22 or more recent) attach	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent al	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual C	orporati	ion or other private grou	up entity Government
Advance Order -	To small entity discount p	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form). 					
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Typed or printed name	e Lisa A. Hail		Registration I	No3	38,347	····	
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